

City of St. Charles

Renewal Application

City Retailer's Alcoholic Liquor License

For Office Use Only

License Class _____

Permit _____ 1:00 am _____ 2:00 am

ID No. _____

License Fee Paid / /

Police Dept. Review / /

Liq. Commissioner Reviewed: / /

☐ Approved

☐ Denied

Comments _____

Business Information

Business Name _____

Business Address _____

Business Phone _____

Business Email Address _____

Business Classification ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Other _____

If corporation or partnership, please list officers: **(use additional sheet if necessary)**

1. Office: _____ Name: _____ Address: _____

Phone: _____ Social Security No.: - - Date of Birth: / /

2. Office: _____ Name: _____ Address: _____

Phone: _____ Social Security No.: - - Date of Birth: / /

3. Office: _____ Name: _____ Address: _____

Phone: _____ Social Security No.: - - Date of Birth: / /

Owner Information

Owner's Name _____ Corporate Registered Agent (if applicable) _____

Corporate Contact Name (if applicable) _____

Owner's Address (home/corporate headquarters) _____

Owner's Phone _____ State of Incorporation (if applicable) _____

If State of Incorporation is **not** Illinois, date when corporation became qualified to transact business in Illinois: / /

Owner's Social Security/FEIN No. _____ Owner's Date of Birth/Date of Incorporation / /

Have any persons prohibited by city code or state status acquired more than 5% ownership in corporation or partnership?

☐ Yes ☐ No

License Holder BASSET Certification No. (See next page to list key managers, assistant managers, bartenders and clerks who are permitted to make alcoholic liquor sales – include copy of their certificates)

Manager Information*

Manager's Name _____

Manager's Address (home) _____

Manager's Phone (home) _____

Manager's Social Security No. _____

Manager's Date of Birth _____

Manager's Date of Hire (Mo./Yr.) _____

Associate/Secondary Manager Information*

Name _____

Address (home) _____

Phone (home) _____

Social Security No. _____

Date of Birth _____

Date of Hire (Mo./Yr.) _____

***All managers of corporate-owned establishments must have fingerprints and background checks on file with the Liquor Commissioner's Office. New managers must contact the Liquor Commissioner's Office at (630) 377-4445 for information or to schedule an appointment.**

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Indicate principal liquor business conducted on premises:

- ☐ Bar
- ☐ Packaged Goods
- ☐ Predominantly Food
 - ☐ Table service of alcohol only.
 - ☐ Table service and stand alone bar service

No. of service stations from which alcoholic beverages are served: _____

Storage of Alcoholic Beverages

- ☐ Stored on premises
- ☐ Stored off premises

☐ If your establishment has an outdoor patio/dining area, please submit a site plan.

Does the owner of the liquor establishment lease the premises on which the business is conducted? ☐ Yes ☐ No

Name of Lessor _____

Address of Lessor _____

Phone of Lessor _____

***Please include a copy of current lease with application.**

Does the owner hold a liquor license at another premise? ☐ Yes ☐ No

Name of other establishment (if different from business name above) _____

Address of other establishment(s) _____

Is any action currently pending against business or owner for violation of the Retailer's Occupation Tax Act of the state of Illinois? ☐ Yes ☐ No

State of Illinois)
) SS
County of Kane)

Affidavit

I/We, the undersigned, being first duly sworn, say that I/we have read the foregoing application and that the statements therein are true, complete, and correct and are upon my/our personal knowledge and information and are made for the purpose of inducing the City of St. Charles to renew the liquor license issued to me/us for the period ending April, 30 _____ for the location hereinbefore indicated; that I am/we are now conducting, and intend to conduct during the period beginning May 1, _____ the business of a city retailer of alcoholic liquor at the address hereinbefore shown; that I am/we are qualified under the ordinances of the City of St. Charles and the laws of the state of Illinois to receive such renewal license that there has been no material change in the premises, and that the answers made to questions in the original application are still applicable insofar as they relate to the sale of alcoholic liquor at retail. I/We have committed no act (nor omitted performing any act required by law to be performed) which disqualified me/us to receive, by reason of any matter or thing contained in the ordinances of the City of St. Charles or in the Illinois Liquor Control Act, a city retailer's license for the sale of alcoholic liquor at the address hereinbefore shown, and I/we have not accepted, received, or borrowed money, or anything else of value directly or indirectly from any person connected with or in any way representing any manufacturer or distributor or any coin operated or amusement device.

I/We further understand that any misrepresentation or failure to notify the Mayor of any fact requested in this application or omission of any fact pertinent to this application shall constitute good cause for the Mayor to deny this renewal application and/or to revoke any license issued pursuant to this application.

I, _____, a Notary Public in and for said county in the state aforesaid, do hereby certify that _____ personally known to me to be the renewal applicant(s), appeared before me this day in person and acknowledged that he/she/they signed the foregoing application as his/her/their free and voluntary act for the use and purposes therein set forth.

Given under my hand and notarial seal this _____ day of _____, 20____.

(Seal)

Notary Public

B.A.S.S.E.T. TRAINING

Please list employees required to have B.A.S.S.E.T. training on this page – include all managers, assistant managers, bartenders, and clerks who are permitted to make alcoholic liquor sales **(Need copies of certificates for primary managers and assistant managers – it is the responsibility of each establishment to have current B.A.S.S.E.T. certificates on file for your employees who handle alcohol.)**

Name: _____
First Last Middle

Birth date: _____

Home Street
Address: _____

City, State, Zip: _____

Date of Course: _____ Place Taken: _____

Certificate Granted: _____ Expiration: _____

Name: _____
First Last Middle

Birth date: _____

Home Street
Address: _____

City, State, Zip: _____

Date of Course: _____ Place Taken: _____

Certificate Granted: _____ Expiration: _____

Name: _____
First Last Middle

Birth date: _____

Home Street
Address: _____

City, State, Zip: _____

Date of Course: _____ Place Taken: _____

Certificate Granted: _____ Expiration: _____

Name: _____
First Last Middle

Birth date: _____

Home Street
Address: _____

City, State, Zip: _____

Date of Course: _____ Place Taken: _____

Certificate Granted: _____ Expiration: _____

APPLICATION FOR LATE NIGHT PERMIT
SUPPLEMENTAL TO LIQUOR LICENSE FOR CLASS B/C

To: St. Charles Liquor Control Commission

Date: _____

I now possess or have applied for a liquor license Class _____.

Applicant's Name:

Name of Business:

Business Address:

Business Phone: _____

Supplemental Permit Applied For:

_____ \$800 1:00 a.m. Late Night Permit

_____ \$2,300 2:00 a.m. Late Night Permit

\$_____ is attached hereto as permit fee

Applicant Signature

NOTE: Other permits that may be available upon request are

- Class E Special Events License (4 days events @ \$100.00 per day) _____ # of days
- Outdoor Dining Permit (Contact Community & Economic Development Department 630 377 4443)

() Liquor Commissioner hereby directs City Clerk to issue permit indicated above.

Liquor Commissioner

Date: _____